

Montana Department Of Environmental Quality
Permitting & Compliance Division
Air & Waste Management Bureau
P.O. Box 200901
Helena, MT 59620-0901

HAZARDOUS WASTE TRANSPORTER REGISTRATION FORM

**TRANSPORTER'S
EPA ID NUMBER**

(Mandatory)

**NAME OF
TRANSPORTER**

(Company Name)

**TRANSPORTER
MAILING
ADDRESS**

(Street or P.O. Box)

(City or Town)

(State)

(Zip)

**TRANSPORTER
CONTACT**

(Last Name)

(First Name)

(Title)

TELEPHONE

(Telephone Number)

(Extension)

**ALTERNATE
TRANSPORTER
CONTACT**

(Last Name)

(First Name)

(Title)

TELEPHONE

(Telephone Number)

(Extension)

**TRANSPORTATION
MODE**

Describe the mode(s) of hazardous waste transportation employed:

☐ (A) Air ☐ (R) Rail ☐ (O) Other
☐ (W) Water ☐ (H) Highway

**TRANSPORTATION
SERVICE**

Are hazardous waste transportation services provided on a for-hire basis or is the hazardous waste transportation activity strictly private in nature (i.e., the hazardous waste generator and the transporter are one in the same entity).

☐ For Hire Transporter ☐ Private Transporter Only

Include any additional information which will clarify the nature of your hazardous transportation activities:

(Signature of Company Official and Title MUST be included below)

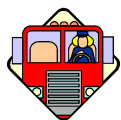
(Name – Please Print)

(Signature)

(Title)

(Date Signed)

Company Name: _____ **EPA ID:** _____



Identify the locations of all hazardous waste transportation-related offices, terminals, depots and/or transfer facilities situated within Montana.



(Please make copies for additional sheets if necessary.)

Type of Facility:	_____		
Location Street:	_____		
Location City:	_____	County:	_____
Contact Person(s):	_____	Phone Number:	_____
Alternate Contact:	_____	Phone Number:	_____
Type of Facility:	_____		
Location Street:	_____		
Location City:	_____	County:	_____
Contact Person(s):	_____	Phone Number:	_____
Alternate Contact:	_____	Phone Number:	_____
Type of Facility:	_____		
Location Street:	_____		
Location City:	_____	County:	_____
Contact Person(s):	_____	Phone Number:	_____
Alternate Contact:	_____	Phone Number:	_____
Type of Facility:	_____		
Location Street:	_____		
Location City:	_____	County:	_____
Contact Person(s):	_____	Phone Number:	_____
Alternate Contact:	_____	Phone Number:	_____
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Alternate Contact:	_____	Phone Number:	_____